

# **REPORT ON ADOLESCENT CHEMICAL DEPENDENCY PROGRAMS - 2004**

**December 23, 2004**

**Prepared for: The Division Of Alcohol and Drug  
Abuse, The Attorney General's Office, and The  
Department of Corrections - STATE OF SOUTH  
DAKOTA**

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**Executive Summary**

**A summary of the basic findings for Adolescents in DOC programs:**

- o The outcome results are based on persons identified by Juvenile Corrections Agents (JCA's) as completing chemical dependency programs from 1977 through October of November 2004. During the twelve-month follow-up period, most of those on aftercare (58.4%) violated aftercare provisions, more than one-third (36.7%) were arrested on new charges, and 28.0 percent had aftercare revoked. The abstinence rate for this group was 34.3 percent at 12 month post treatment.
- o The youth clients were favorably impressed with the substance abuse treatment programs. The ratings of the programs by the clients were very high.
- o All groups (age, sex, race) had high, positive ratings of the youth programs.
- o The youth clients during the last three years were specifically impressed with: talking/openness, group sessions, counselors, videos/films, information and knowledge received, getting help with problems, and the chance for self understanding.
- o Some of the areas the youth clients would like to see improved were: longer treatment programs, more videos/films, more group sessions, and less paperwork.
- o Alcohol and marijuana were the most frequently used substances during follow-up.
- o In considering clients for all years, those with favorable profiles (working, rated as doing 'Good' in overall functioning, and not using substances) had very good outcome results: 6.9% with new charges, 19.2% violated provisions of their aftercare, and only 8.3% were revoked.
- o Those rated by JCA's as having 'Good' relationships with other people (i.e., family, peers, etc.) were more likely to have had good

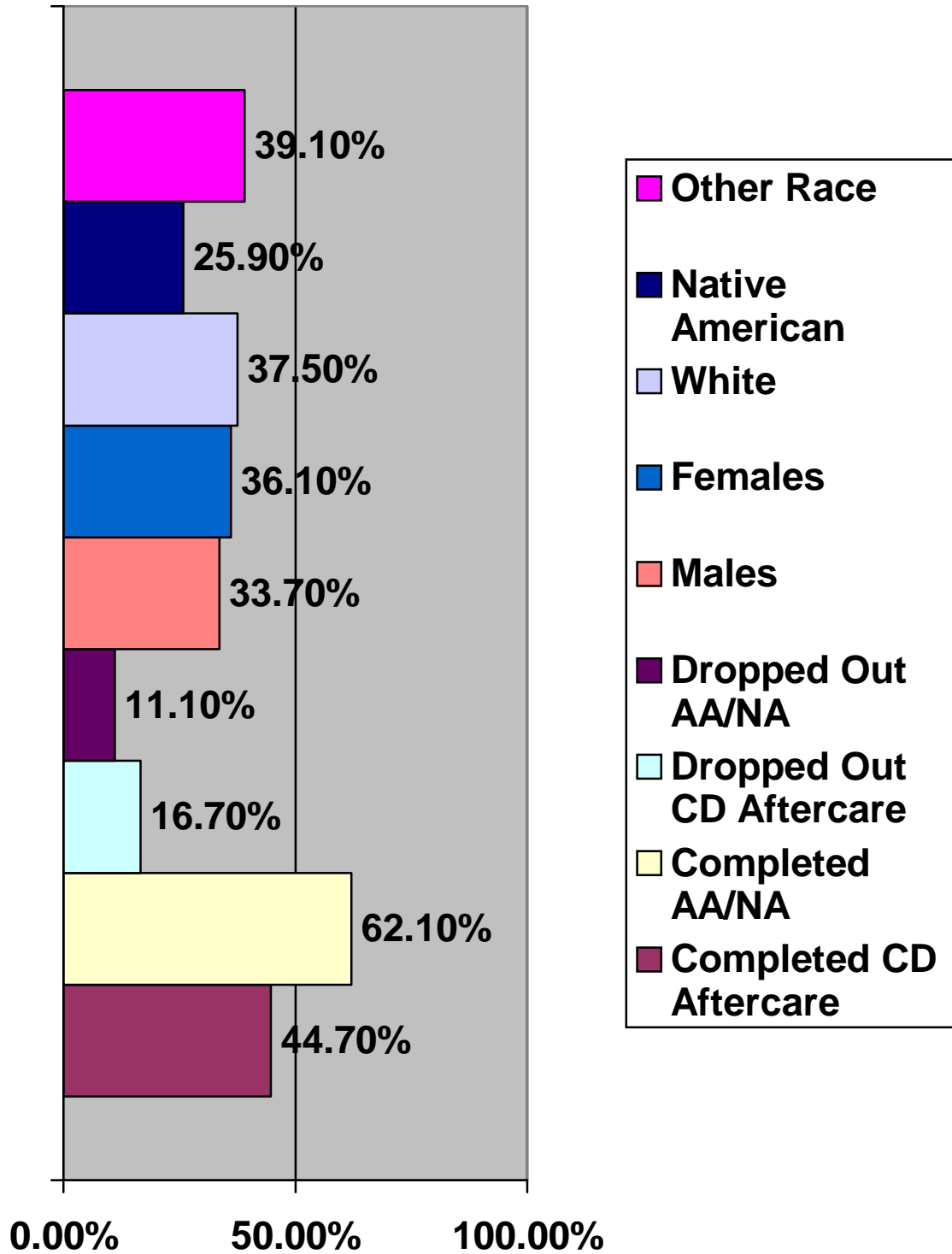
outcome results (e.g., fewer arrests, low aftercare violations, and low revocation rates).

- o Juveniles with good progress in academic and employment pursuits were more likely to have good outcome results (e.g., fewer arrests, low aftercare violations, and low revocation rates) than were those rated as making fair or poor progress.
- o Those who were working had greater success (e.g., fewer arrests, less aftercare violations and low revocation rates) than did those who were not working.
- o Juveniles who completed one of the following: chemical dependency aftercare, outpatient mental health services, home-based mental health services, family counseling, or AA/NA had better outcomes (e.g., lower arrest rates, less aftercare violations, and fewer revocations) on aftercare than did those who did not complete these services or programs.
- o Persons who have changed schools because of substance use were more likely to use substances during aftercare than were those who didn't need to change schools.
- o Juveniles diagnosed with learning disabilities were more likely to use substances during aftercare than were those not diagnosed with learning disabilities.
- o Persons completing the AA/NA meetings were much more likely (5.6 times) to be abstinent than were those dropping out of AA/NA meetings.
- o Juveniles completing the CD aftercare programs were much more likely (2.7 times) to be substance free during the follow-up period than were those dropping out of CD aftercare programs.
- o Persons completing the outpatient mental health programs were much more likely (3.1 times) to be abstinent than were those dropping out of the mental health programs.
- o Former CD program participants who had completed

family counseling programs while on aftercare were much more likely (4.1 times) to be abstinent than were those dropping out of family counseling programs.

- o Clients with high ratings of the group counseling in the treatment programs were more likely to be substance free than were those with low ratings.
- o Former CD program participants who had high ratings for the films/videos were more likely to be abstinent than were those with low ratings.
- o Clients who didn't think the treatment programs were too long were more likely to be substance free than were those who felt that the program was too long.

## Abstinence Rates: Various Groups



## INTRODUCTION

Generally, youth clients completed or had completed for them, four evaluation forms: Form A is the counselors' evaluation of how well the clients did in the overall program and in various segments of the treatment program. Form B is the clients' evaluation of the Drug and Alcohol Treatment program. Form C is a follow-up form designed to measure client outcomes (arrests, drinking, working, education, etc.) after clients left the outpatient treatment program. The follow-up form is completed by JCA's administered after the clients had been on probation for about twelve months. A history form was completed by persons at entry into the substance abuse treatment program. The first segment of the report is an assessment of the clients' perceptions of the program (Form B), based on forms received as of November 15, 2004.

The results of the Client Assessment Form (Form B) on 1,896 persons who had completed one of the Youth Chemical Dependency Treatment Programs between January 1, 1992 and December 11, 2004 are presented below.

The cumulative results presented below are based on the information tabulated on 1581 males and 315 females who completed alcohol and drug treatment programs. The results are also presented and compared for the last four years of the program.

## DEMOGRAPHIC INFORMATION

About one-sixth (16.6%) of the clients were females and a majority (83.4%) were males. See Table A1 below. The percent of males has been similar for the past four years (see Table A2).

**TABLE A1**  
**GENDER**

Gender	Youth Programs
Males	1581 (83.4%)
Females	315 (16.6%)
Total	1896

**TABLE A2**  
**Percent Males by Year**

	2001	2002	2003	2004
Percent Males	85.0%	81.5%	85.3%	81.1%
Percent Females	15.0%	18.5%	14.7%	18.9%

Over one-half (55.1%) of the program participants who completed the evaluation forms were Whites, about one-third (33.9%) were Native Americans, and the remainder (11.0%) were all 'Others' (including those who identified themselves as mixed

blood Native Americans). See Table B1 for results by race. Over time there was a fluctuating proportion of persons by ethnicity (See Table B2).

**TABLE B1**  
**RACE**

<b>Race</b>	<b>Youth Programs</b>
Nat Americans	641 (33.9%)
Whites	1040 (55.1%)
Others	208 (11.0%)
Total	1889

**TABLE B2**  
**Race by Year**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Nat Americans	36.4%	40.1%	29.6%	29.6%
Whites	56.1%	51.9%	62.7%	62.7%
Others	7.5%	8.0%	6.7%	6.7%

More than three-fourths (77.2%) of the program participants during this reporting period were between the ages of 16 and 18. About one-fifth (21.5%) were between 12 and 15 years old and a few (1.3%) were 19 years old or older (see Table C1). The average age of the program participants was about 16.4 years. The age was very consistent throughout the last four years of the program (see Table C2).

**TABLE C1**  
**AGE**

<b>Age</b>	<b>Youth Programs</b>
12-15 Years Old	406 (21.5%)
16-18 Years Old	1455 (77.2%)
19 And Over	25 (1.3%)
Total	1886

**TABLE C2**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Age by Year	16.3	16.5	16.6	16.4

## **BASIC RESULTS OF CLIENT RATINGS**

The information in Table 1A concerns the ratings by the clients of the individual counseling they received during the treatment program. The rating scale went from 1 to 4 with 1 being Poor, 2 representing Fair, 3 signifying Good, and 4 indicating Excellent. The ratings for individual counseling were high (overall average 3.1 out of a possible 4.0). A very high percent (78.4%) indicated a Good or Excellent rating, a few

(17.0%) persons rated the individual counseling of the program to be Fair and only eighty-four persons rated the counseling as Poor. The ratings decreased between 2000 and 2003 (see Table 1B).

**TABLE 1A**  
**RATING OF INDIVIDUAL COUNSELING**

	Poor	Fair	Good	Excell	Mean
Youth Programs	4.6%	17.0%	44.8%	33.6%	3.1
Number of Cases	84	309	815	611	1819

**TABLE 1B**

	2001	2002	2003	2004
Rating of Individual Counseling	2.8	2.8	2.6	2.9

The clients also rated the quality of group counseling very high (mean = 3.4). Nearly all (92.9%) rated group counseling as Good or Excellent, and only seven persons rated the program's group counseling as Poor (see Table 2A). The ratings have remained consistently high but have been declining over time (see Table 2B).

**TABLE 2A**  
**RATING OF GROUP SESSIONS**

	Poor	Fair	Good	Excell	Mean
Youth Programs	0.5%	6.6%	42.2%	50.7%	3.4
Number of Cases	9	124	795	955	1883

**TABLE 2B**

	2001	2002	2003	2004
Rating of Group Sessions	3.6	3.5	3.3	3.3

The information presented in Table 3A has reference to the ratings by the clients of the usefulness of the films and videotapes viewed as part of the treatment program. The ratings were good (overall average 3.1 out of a possible 4.0), but not as high as the group (3.4) counseling ratings. Over four-fifths (79.8%) indicated a Good or Excellent rating, some (16.0%) indicated Fair, and seventy-nine persons felt that the films had Poor utility. The ratings have been steady (see Table 3B).

**TABLE 3A**  
**RATING OF USEFULNESS OF FILMS AND VIDEOTAPES**



	Poor	Fair	Good	Excell	Mean
Youth Programs	4.2%	16.0%	46.3%	33.5%	3.1
Number of Cases	79	298	862	624	1863

**TABLE 3B**

	2001	2002	2003	2004
Rating of Usefulness of Films	2.9	3.0	2.8	3.0

The clients also rated the quality of films and videotapes as Good (overall mean = 2.9). About three-fourths (72.1%) of the respondents rated the quality of the films and videotapes as Good or Excellent, while some (22.1%) rated the program's films as Fair and 5.8% felt that the films had Poor quality (see Table 4A). Ratings have been consistent (see Table 4B). Based on written comments, a frequent request is that the films be updated.

**TABLE 4A  
RATING OF QUALITY OF FILMS AND VIDEOTAPES**

	Poor	Fair	Good	Excell	Mean
Youth Programs	5.8%	22.1%	45.9%	26.2%	2.9
Number of Cases	108	410	850	486	1854

**TABLE 4B**

	2001	2002	2003	2004
Rating of Quality of Films	2.8	2.9	2.6	2.8

The information presented in Table 5A refers to the ratings by the clients of the facilities available for the treatment programs. The ratings were good (overall average 3.1 out of possible 4.0). Slightly more than four-fifths (81.8%) indicated a Good or Excellent rating, about one-sixth (15.5%) indicated Fair, and a few (2.7%) felt that the facilities were Poor. The ratings have been consistent over time (see Table 5B).

**TABLE 5A  
RATING OF FACILITIES**

	Poor	Fair	Good	Excell	Mean
Youth Programs	2.7%	15.5%	46.1%	35.7%	3.1

Number of Cases	51	290	861	667	1869
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**TABLE 5B**

	2001	2002	2003	2004
Rating of Facilities	3.2	3.1	3.1	3.1

One of the most important factors rated was the overall quality of the program. The clients gave the overall program a very high rating (mean = 3.6 for all years since 1994). Nearly all (96.1%) of the respondents rated the overall quality of the program as Good or Excellent (see Table 6A). The ratings have remained high (see Table 6B).

**TABLE 6A  
OVERALL RATING OF PROGRAM**

	Poor	Fair	Good	Excell	Mean
Youth Programs	0.4%	3.6%	34.4%	61.7%	3.6
Number of Cases	7	67	646	1159	1879

**TABLE 6B**

	2001	2002	2003	2004
Rating of Program	3.4	3.3	3.4	3.3

The next series of questions asked the clients to agree or disagree with statements about the program. The rating scale ranged from 1 to 7 with 1 to 3 representing Disagree, 4 signifying Undecided, and 5 through 7 indicating Agree. The tables below indicate the following word categories: Strongly Disagree, Disagree, Undecided, Agree, and Strongly Agree.

The respondents' ratings were in strong agreement with the statement that "I gained much knowledge from the program." The overall mean (6.5 out of a possible 7) was very high. Overall, 96.7% agreed with the statement, twenty-three persons disagreed and twenty-eight people were undecided (see Table 7A). The ratings have been similar over the last four years (see Table 7B).

**TABLE 7A  
I GAINED KNOWLEDGE FROM THE PROGRAM**

	<b>Strong Dis</b>	<b>Dis</b>	<b>Und</b>	<b>Agree</b>	<b>Strong Agree</b>	<b>Mean</b>
Youth Programs	0.5%	1.2%	1.5%	35.3%	61.4%	6.5
Number Cases	10	23	28	666	1158	1885

**TABLE 7B**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Rating of Knowledge Gained	6.3	6.0	6.1	6.0

Those who responded to the questionnaire were also in strong agreement with the statement "I liked the program." This pivotal question was rated high (6.0 on a 7-point scale). Overall, 89.2 percent agreed with the statement, 5.6 percent disagreed and 5.2 percent were undecided (see Table 8A). The means have been the same the last three years (see Table 8B).

**TABLE 8A**  
**I LIKED THE PROGRAM**

	<b>Strong Dis</b>	<b>Dis</b>	<b>Und</b>	<b>Agree</b>	<b>Strong Agree</b>	<b>Mean</b>
Youth Programs	1.8%	3.8%	5.2%	48.6%	40.6%	6.0
Number Cases	34	71	98	915	765	1883

**TABLE 8B**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
I Liked the Program	5.7	5.4	5.4	5.4

The respondents strongly agreed with the statement "The counselors were helpful." The mean (6.5 for all years since 1992) was very high. Overall, 96.4% agreed with the statement, thirty persons disagreed and thirty persons were undecided. Over two-thirds (68.3%) circled the highest value (7) on the scale (see Table 9A). The means have remained high (see Table 9B).

**TABLE 9A**  
**THE COUNSELORS WERE HELPFUL**

	<b>Strong Dis</b>	<b>Dis</b>	<b>Und</b>	<b>Agree</b>	<b>Strong Agree</b>	<b>Mean</b>
Youth Programs	0.5%	1.6%	1.6%	28.1%	68.3%	6.5
Number Cases	9	30	30	528	1285	1882

**TABLE 9B**

	2001	2002	2003	2004
The Counselors Were Helpful	6.4	6.1	6.2	6.1

The respondents tended to disagree (68.3%) with the statement "The program was too long." Conversely, those who responded to the questionnaire were more likely to agree with the statement "The program was too short." The responses to these questions indicate the clients see a need for longer programs (see Tables 10 and 11).

**TABLE 10**  
**THE PROGRAM WAS TOO LONG**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	43.0%	25.3%	14.2%	12.4%	5.2%	2.6
Number Cases	808	475	266	233	98	1880

**TABLE 11**  
**THE PROGRAM WAS TOO SHORT**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	19.5%	16.1%	22.1%	25.3%	17.1%	4.0
Number Cases	362	299	410	471	317	1859

The respondents' ratings were in strong agreement with the statement that "The information presented in the program was useful." The overall rating (mean = 6.4) was very high. Nearly all (95.9%) agreed with the statement, 2.1 percent disagreed and forty persons were undecided (see Table 12A). The ratings for the usefulness of the information have been consistent the last four years (see Table 12B).

**TABLE 12A**  
**THE INFORMATION PRESENTED WAS USEFUL**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	0.9%	1.2%	2.1%	39.2%	56.7%	6.4
Number Cases	16	23	40	738	1068	1885

**TABLE 12B**

	2001	2002	2003	2004
The Information Was Useful	6.0	6.0	6.0	5.9

The respondents strongly agreed with the statement "Because of this program I am a better person." The mean (5.8) was moderate. Overall, 84.6% agreed with the statement, 5.9% disagreed and 9.6% were undecided. More than one-third (37.7%) of those responding circled the highest value (a 7-which is strongly agree) of the scale (see Table 13A). Over the last four years, the means have been steady (see Table 13B).

**TABLE 13A**  
**BECAUSE OF PROGRAM I AM A BETTER PERSON**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	2.0%	3.9%	9.6%	46.9%	37.7%	5.8
Number Cases	37	74	180	883	709	1883

**TABLE 13B**

	2001	2002	2003	2004
The Information Was Useful	5.7	5.5	5.7	5.6

The respondents tended to disagree (78.3%) with the statement "There was too much information presented in the program" (see Table 14A). This finding, coupled with the statement about the length of the program, clearly shows a desire by the clients for a longer and more comprehensive treatment program. The mean ratings have been increasing since 2001 (see Table 14B).

**TABLE 14A**  
**TOO MUCH INFORMATION WAS PRESENTED**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	50.2%	27.1%	11.8%	8.6%	2.4%	2.2
Number Cases	944	509	221	162	45	1881

**TABLE 14B**

	2001	2002	2003	2004
Too Much Information Presented	2.5	2.6	2.7	2.9

The respondents agreed with the statement "The program was well organized." The overall rating (mean = 6.0) was high. A large majority (88.9%) agreed with the statement, 4.2 percent disagreed with the statement and 6.9 percent were undecided (see Table 15A). The mean ratings have been similar over time (see Table 15B).

**TABLE 15A**  
**THE PROGRAM WAS WELL ORGANIZED**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	0.9%	3.3%	6.9%	47.0%	41.9	6.0
Number Cases	17	63	129	885	790	1884

**TABLE 15B**

	2001	2002	2003	2004
Too Much Information Presented	5.8	5.7	5.6	5.9

When asked, "Would you recommend the Alcohol and Drug Treatment Program to other persons?" the respondents were nearly unanimous in their approval of the program. All but 67 persons indicated that they would recommend the program to other persons. The results have been consistently high and steady the last two years (see Table 16B).

**TABLE 16A**  
**I WOULD RECOMMEND THIS**  
**PROGRAM TO OTHER PERSONS**

	Yes	No
Youth Programs	96.3%	3.7%
Number Cases	1743	67

**TABLE 16B**

	2001	2002	2003	2004
Recommend to Other Persons	94.2%	89.0%	92.8%	92.0%

#### **PROGRAM ASSESSMENT FORM**

Information for this section of the report was obtained from the Program Assessment form, which was completed by counselors most familiar with the clients' program and progress. The information was collected for persons completing treatment programs between January 1, 1992 and November 2004. Information was available for a total of 1716 persons, although not everyone answered each question and not everyone was required to attend each program segment.

#### **Group Counseling Sessions**

Nearly all (98.1%) attended all the required parts of their group counseling sessions. Most (88.7%) received a 'Good' or 'Fair' rating.

	Yes	No
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Attended all required parts	1665(98.1%)	32(1.9%)
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	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	101(6.0%)	671(39.7%)	829(49.0%)	91(5.4%)

### **Individual Counseling**

Most (99.4%) attended all the required parts of their individual counseling sessions. Most (90.3%) received a 'Good' or 'Fair' rating.

	<b>Yes</b>	<b>No</b>
Attended all required parts	1187(99.4%)	7(0.6%)

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	78(6.5%)	475(39.4%)	613(50.9%)	39(3.2%)

### **Primary outpatient treatment program**

Almost all (99.3%) attended all the required parts of their primary outpatient treatment program. Most (90.4%) received a 'Good' or 'Fair' rating.

	<b>Yes</b>	<b>No</b>
Attended all required parts	1511(99.3%)	10(0.7%)

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	82(5.4%)	681(44.6%)	700(45.8%)	65(4.3%)

### **Aftercare services**

Most (81.8%) attended all required parts of their aftercare



services. Many participants (87.3%) received a 'Good' or 'Fair' rating.

	<b>Yes</b>	<b>No</b>
Attended all required parts	811(81.8%)	180(18.2%)

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	40(4.1%)	396(40.2%)	464(47.1%)	85(8.6%)

### **Relapse prevention**

Nearly all (95.5%) attended all required parts of relapse prevention. A large majority (88.4%) received a 'Good' or 'Fair' rating.

	<b>Yes</b>	<b>No</b>
Attended all required parts	769(95.5%)	36(4.5%)

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	26(3.2%)	365(44.2%)	365(44.2%)	70(8.5%)

### **Overall Assessment of Client**

The most frequent (45.4%) rating was fair and 44.4 percent received a good rating considering all aspects of the clients' treatment program. Consistent with other comparisons in the program assessment, the majority (89.8%) received a 'Good' or 'Fair' rating.

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Considering all aspects, how well client did	78(4.6%)	757(44.4%)	774(45.4%)	94(5.5%)

Most (66.3%) clients were assessed as somewhat likely to be free of substance abuse in the future. Frequently, those who were very likely to be free of substance abuse also performed well in comparison to others in their program. Likewise, those

who were not likely to be free of substance abuse performed fair or poorly when compared to others in their program.

	<b>Very likely</b>	<b>Somewhat likely</b>	<b>Not likely</b>
How likely to be free of substance abuse	119(6.9%)	1136(66.3%)	459(26.8%)

Many (63.8%) of the clients were assessed as somewhat likely to be arrest free for law violations in the future.

	<b>Very likely</b>	<b>Somewhat likely</b>	<b>Not likely</b>
How likely to be arrest free	301(18.5%)	1039(63.8%)	288(17.7%)

## **FACTORS PREDICTIVE OF SUBSTANCE USE FOR ADOLESCENTS COMPLETING TREATMENT PROGRAMS IN DOC FACILITIES**

### **HISTORY FORM**

Persons who had changed schools because of substance use were more likely to use substances during aftercare than were those who didn't need to change schools.

Juveniles diagnosed with learning disabilities were more likely to use substances during aftercare than were those who were not diagnosed.

### **FOLLOW-UP FORM**

Persons completing the AA/NA meetings were much more likely (5.6 times) to be abstinent than were those dropping out of AA/NA meetings.

Juveniles completing the CD aftercare programs were much more likely (2.7 times) to be substance free during the follow-up period than were those dropping out of CD aftercare programs.

Persons completing the outpatient mental health programs were much more likely (3.1 times) to be abstinent than were those dropping out of the mental health programs.

Former CD program participants who had completed family counseling programs while on aftercare were much more likely (4.1 times) to be abstinent than were those who had dropped out of family counseling programs.

#### **CLIENT ASSESSMENT FORM**

Clients with high ratings of the group counseling in the treatment programs were more likely to be substance free than were those with low ratings.

Former CD program participants who had high ratings for the films/videos were more likely to be abstinent than were those with low ratings.

Clients who didn't think that the treatment programs were too long were more likely to be substance free than were those who felt that the program was too long.

#### **COUNSELOR ASSESSMENT FORM**

Counselors' perceptions of the clients' future prospects of being substance free were related to subsequent performance on aftercare (probation). Favorable ratings by the counselors of the clients were related to less substance use.

#### **CLIENT RATINGS OF TREATMENT PROGRAM AND DEMOGRAPHIC FACTORS**

Age was somewhat related to ratings of the program, although all age groups had favorable opinions about the program. Younger clients rated the overall program higher than did older youth.

Overall, gender was not significantly related to ratings of the program. Males and females had favorable opinions concerning the rated aspects of the programs. Males did rate the counselors as being more helpful and the information presented as being more useful.

Generally, race was not related to ratings of the program.

People from each category had similar, favorable opinions concerning the program. White clients did rate the facilities as being better than did Native Americans.

#### **JCA RATINGS AND OUTCOME SUCCESSES**

JCAs' assessments of relationships with those whom the clients resided were significantly related to abstinence, arrests, and violations of aftercare. The officers' perceptions were closely related to the performance of the clients. High ratings by the officers were associated with good outcomes (less substance use, fewer arrests, fewer violations, and fewer revocations).

JCAs' assessments of clients' relationships with family members were highly correlated with abstinence, arrests, and violations of aftercare. Again, the officers' perceptions were closely related to the performance of the clients. Good perceived relationships were correlated with good performances by the clients in each of the four areas (less substance use, fewer arrests, fewer violations, and fewer revocations).

JCAs' assessments of clients' relationships with peers were significantly related to abstinence, arrests, revocations, and violations of aftercare. The officers' perceptions quite accurately reflected the reality of the performance of the clients in these areas. High ratings by the officers were correlated with fewer arrests, less substance use, and fewer aftercare violations and revocations.

JCAs' assessments of clients' educational progress were highly correlated with abstinence, arrests, and violations of aftercare. Consistent with the other assessments officers' perceptions were closely related to the performance of clients. Good perceived educational progress was correlated with good performances (less substance use, fewer arrests, fewer violations, and fewer revocations) by the clients.

JCAs' assessments of the clients' vocational progress were significantly correlated with clients' performances related to abstinence, arrests, revocations, and violations of aftercare. The officers' perceptions were closely related to the performance of the clients. Satisfactory vocational ratings were consistent with good outcomes (less substance use, fewer arrests, fewer violations, and fewer revocations).

JCAs' assessments of the clients' overall level of functioning progress were highly correlated with clients' performances related to abstinence, arrests, and violations of aftercare. The JCAs' views were highly correlated with actual performance of the clients.

#### **OTHER OUTCOME FORM FINDINGS**

Those who dropped out of school or were suspended were more likely to use substances than were those who stayed in school.

Clients with higher paying jobs had less substance use.

Employed persons were less likely to use substances than were unemployed persons.

#### **OPEN-ENDED QUESTIONS      (Responses of the Past Four Years)**

##### **What did you like best about the Treatment Program?**

- Talking openly, group trust and support, sharing (96 responses)
- Group sessions, group discussions, the group (93 responses)
- Counselors (91 responses)
- Movies and videos (64 responses)
- Information and knowledge received (48 responses)
- Chance to look, learn about, understand, and examine self (35 responses)
- Getting help with problems (help of the group) (30 responses)
- Learned about alcohol and chemical effects (22 responses)
- Learning/learned something (21 responses)
- Meditation, relaxation, and music therapy (18 responses)
- Tools/techniques to stay off drugs and alcohol (9 responses)
- Material/packets (9 responses)
- Dealing with feelings and problems (8 responses)
- Counseling (7 responses)
- Relapse part (7 responses)
- Lectures (6 responses)
- Triggers (6 responses)
- Program structure (6 responses)
- Assignments, homework (6 responses)
- Dealing with reality (5 responses)

- People understanding/caring (5 response)
- Thinking errors (5 responses)
- Relate to others (5 responses)
- Help to see I had a problem/how serious of problem (5 responses)
- Feedback (4 responses)
- Written work/writing things down (4 responses)
- Everything (4 responses)
- Showed how to stay away/handle drugs and alcohol (4 responses)
- Nothing (3 responses)
- Fun stuff once in a while/liked fun stuff (3 responses)
- Helping or hearing others/listening to (3 responses)
- One on one counseling (3 responses)
- Activities/projects (3 responses)
- The work (3 responses)
- Another chance to be sober (2 responses)
- Autobiographies (2 responses)
- Choice to change (2 responses)
- Crafts (2 responses)
- Good paced, not rushed/self paced (2 responses)
- Honesty (2 responses)
- Intensity of program (2 responses)
- Learn from others (2 responses)
- The higher poser (2 responses)
- Role playing (2 responses)
- Adequate time to talk (1 response)
- Being open-minded (1 response)
- Discipline (1 response)
- Fun (1 response)
- Getting out (1 response)
- Got away from DI's (1 response)
- Got to plan and conduct group (1 response)
- Had time to work on drug problem (1 response)
- Hope to do better (1 response)
- Humor to put a point across (1 response)
- Liked it (1 response)
- No comment (1 response)
- Steps (1 response)
- Stickers (1 response)
- Teach it to others (1 response)
- To know that I am not alone (1 response)
- Transaction plans and goals (1 response)
- It was an individual program (1 response)
- It was only once a week (1 response)
- Helped my perspective (1 response)
- People didn't give up on me (1 response)
- People have gone through worse (1 response)
- Taking down the wall (1 response)
- They didn't lecture (1 response)
- When I had a question there was a solution (1 response)

-Bio Physics (1 response)

#### **OPEN-ENDED QUESTIONS      (Responses of the Past Four Years)**

**What, if anything, about the program do you think needs to be changed?**

- Nothing (156 responses)
- Longer treatment program/more time/not rushed (41 responses)
- More videos (25 responses)
- More group sessions or more often or longer (19 responses)
- Less paper work/homework (18 responses)
- Update videos (18 responses)
- Amount of work assignments (16 responses)
- More one on one (16 responses)
- More information (11 responses)
- More talking/discussion (9 responses)
- Length (9 responses)
- Not sure or NA (9 responses)
- Time (9 responses)
- Videos (9 responses)
  
- Schedule change (more days, fewer hours, time of day, more intense, etc.) (8 responses)
- Organization (7 responses)
- Food (6 responses)
- More activities (5 responses)
- More meditation (5 responses)
- More participation (3 responses)
- Staff (3 responses)
- Twelve steps (3 responses)
- Workbook or some material hard to understand (3 responses)
- All irrelevant material/off topic discussions (2 responses)
- Environment (2 responses)
- Facilities (bigger) (2 responses)
- Fewer lectures (2 responses)
- More about the steps (2 responses)
- More class work (2 responses)
- More family time (2 responses)
- More info/videos on effects of drugs (2 responses)
- More meetings (2 responses)
- More time to self/more work time (2 responses)
- Negative behavior of clients (2 responses)
- People being kicked out (2 responses)
- PRI (2 responses)
- Repetition (2 responses)
- Rooms (2 responses)

- Stop switching counselors (2 responses)
- Take homes for remembering (2 responses)
- Written assignments, exercises (2 responses)
- AA (1 response)
- A continuous structure (1 response)
- More at Quest, less at Adept (1 response)
- Attendance of counselors (1 response)
- Blinds on windows to block DI's (1 response)
- Clients should run it more (1 response)
- Consistent rules (1 response)
- Counselor more open to group ideas (1 response)
- Get ride to PRI program (1 response)
- Data presentation (1 response)
- Focus more on CD issues (1 response)
- Less talking (1 response)
- Less time processing (1 response)
- Little bit of the information given (1 response)
- Medical effects of drugs and alcohol (1 response)
- More about meetings when home (1 response)
- More based on problems with emotional (1 response)
- More fun/interesting (1 response)
- More groups held outdoors (1 response)
- More homework (1 response)
- More on how to stay sober (1 response)
- More on relapse (1 response)
- More outings (1 response)
- More teamwork (1 response)
- More videos kids can relate to (1 response)
- More visual descriptions (1 response)
- More visits every week (1 response)
- More would help me in recovery (1 response)
- Need more juveniles to teach this (1 response)
- Need to get rid of fronts they have (1 response)
- New markers (1 response)
- No relaxation types, music (1 response)
- No video (1 response)
- Not mandatory (1 response)
- Part about having a good attitude (1 response)
- People choose what help they need (1 response)
- Regular daily inventory (1 response)
- Shorter treatment (1 response)
- Shorter groups (1 response)
- Sitting for so long (1 response)
- Smaller AA groups (1 response)
- Talk about problems, not workbook assignments (1 response)
- Teacher method of teaching (1 response)
- The talking (1 response)
- Use the bean bags (1 response)
- Work on packets in groups (1 response)



### **Demographic Information from Adolescent History Form**

Information from the history form was available for 712 adolescents who were in a DOC sponsored treatment programs.

### **Substance Use Frequency**

Alcohol, marijuana, and tobacco were the most commonly used substances of those for whom information was available. A vast majority (87.8%) had used alcohol, 83.3 percent had tried marijuana with 35.6 percent using daily. Many (86.6%) reported tobacco use.

<b>Substance</b>	<b>None</b>	<b>Rarely &lt; 1 Month</b>	<b>1-3 Times Month</b>	<b>1-5 Days Week</b>	<b>6-7 Days Week</b>
Alcohol	87(12.2%)	99(13.9%)	232(32.6%)	239(33.6%)	55(7.7%)
Marijuana	118(16.6%)	92(12.9%)	82(11.5%)	166(23.3%)	253(35.6%)
Barbiturates	547(78.5%)	72(10.3%)	41(5.9%)	23(3.3%)	14(2.0%)
Stimulants	464(66.7%)	111(15.9%)	56(8.0%)	38(5.5%)	27(3.9%)
Tranquillizers	617(88.9%)	58(8.4%)	12(1.7%)	7(1.0%)	0(0.0%)

Hallucinogens	494(70.8%)	130(18.6%)	44(6.3%)	19(2.7%)	11(1.6%)
Painkillers	536(77.0%)	88(12.6%)	46(6.6%)	19(2.7%)	7(1.0%)
Opiates	603(87.0%)	63(9.1%)	18(2.6%)	7(1.0%)	2(0.3%)
Cocaine	517(73.9%)	111(15.9%)	44(6.3%)	19(2.7%)	9(1.3%)
Inhalants/Glue	580(83.5%)	75(10.8%)	22(3.2%)	15(2.2%)	3(0.4%)
Over Counter	510(73.1%)	89(12.8%)	57(8.2%)	28(4.0%)	14(2.0%)
Tobacco	95(13.4%)	20(2.8%)	26(3.7%)	46(6.5%)	522(73.6%)

### Age of Onset of Substance Use

The average age of persons starting any substance use was about 11.8 years old with smoking cigarettes being the youngest and marijuana the oldest starting dates.

Question On Age	Average Age
How old were you when you started drinking alcohol?	12.0
How old were you when you started using marijuana?	12.4
How old were you when you started using any other drugs?	11.8
How old were you when you started smoking cigarettes?	11.1

### Substance Use/Social Use Patterns

A strong majority (83.3%) of the clients reported that half or more of their friends used alcohol or other drugs.

<b>How Many of Your Friends Use Alcohol or Other Drugs?</b>	<b>Number of Cases</b>	<b>Percents</b>
None	9	1.2%
Less Than One-Half	112	15.4%
About One-Half	194	26.7%
Over One-Half	177	24.4%
Nearly All	235	32.2%

### **Alcohol or Drug Use during Activities**

More than one-half (61.7%) of those completing the questionnaire indicated that they used alcohol or drugs at school. Nearly all (97.1%) of the clients drank alcohol or used drugs with their friends, over one-half (52.3%) used substances with their siblings, and about one-fourth (22.3%) used drugs or drank with their parents.

<b>How Often Do You Use Alcohol or Drugs During Activities?</b>	<b>Never</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Always</b>
At School	38.4%	39.2%	15.4%	7.1%
With Parents	78.7%	18.1%	1.5%	1.7%
With Siblings	47.8%	36.5%	10.8%	5.0%
With Friends	2.9%	8.8%	35.7%	52.6%
With Others	19.9%	32.5%	24.1%	23.4%

### **Substance Use Confrontations**

Those most likely to 'often' confront persons about alcohol or drug use were parents, social workers/probation officers, and other relatives.

<b>How Often Have You Been Confronted About Your Use of Alcohol or Drugs By the Following:</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
Parents	15.5%	37.2%	47.4%
Siblings	35.7%	41.0%	23.3%
Other Relatives	36.3%	37.2%	26.5%
School Personnel	61.4%	27.8%	10.8%
Friends	37.2%	45.6%	17.2%
Social Worker/P.O.	35.6%	31.9%	32.6%

### **Emotional/Psychological Difficulties - Past Year**

The major emotional problems in the past year were: depression (55.7%), restlessness (51.5%), lack of energy (47.7%), tension (47.9%), sleep problems (46.9%), and nervousness (48.2%).

<b>In the Past Year Have You Been Frequently Troubled By the Following:</b>	<b>Number of Cases</b>	<b>Percent Yes</b>
Nervousness	707	48.2%
Tension	708	47.9%
Restlessness or Irritability	711	51.5%
Depression	714	55.7%
Suicidal Thoughts	718	20.3%
Sleep Problems	714	46.9%
Lack of Energy	717	47.7%
Panic/Anxiety Attacks	727	32.5%

Starved Yourself to Loose Weight	723	2.9%
Binge Eating/Forced Vomiting	725	3.4%
Attempted to Kill Yourself	724	11.3%

### **Lifetime Stressors**

The most frequently mentioned stressors in lifetime were: death of a close friend (54.6%), separation of parents (47.3%), and divorce of parents (40.6%).

<b>Stressor</b>	<b>Number of Cases</b>	<b>Percent With Stressor</b>
Death of a Parent	686	11.7%
Death of a Sibling	692	15.3%
Death of a Close Friend	694	54.6%
Divorce of Parents	693	40.6%
Separation of Parents	693	47.3%
Remarriage of Parent	685	27.1%

### Past Year Stressors

The most commonly mentioned past year stressors included loss of a close friendship (52.8%) and serious family financial problems (25.4%).

Stressor	Number of Cases	Percent With Stressor
Serious Family Financial Problems	710	25.4%
Serious Injury to Self	710	14.8%
Serious Illness in Self	709	8.0%
Loss of Close Friendship	712	52.8%

### Self Perceptions

The most positive perceptions were parents' love, respect for themselves, liked how they look, friends' respect for them, and took care of themselves physically.

Self Image	Rarely	Sometimes	Often	Usually
Do You Take Care of Yourself Physically?	3.8%	14.1%	36.3%	50.8%
Do You Like the Way You Look?	5.1%	17.5%	25.0%	52.5%
Do You Consider Yourself Attractive?	9.1%	23.4%	25.4%	42.1%
Do You Respect Yourself?	3.4%	13.8%	28.7%	54.2%
Are You Ashamed of Yourself?	47.3%	39.4%	8.9%	4.4%
Do You Hate Yourself?	73.8%	21.1%	2.8%	2.3%
Do You Feel Like Killing Yourself?	88.0%	8.8%	1.0%	2.2%

Do Your Parents Respect You?	3.7%	13.4%	31.2%	51.6%
Are Your Parents Ashamed of You?	60.0%	30.5%	6.1%	3.3%
Do Your Friends Respect You?	4.7%	13.2%	33.0%	49.2%
Do Your Parents Love You?	2.0%	2.1%	9.3%	86.6%

### Religious Involvement

Most (60.4%) of the clients had formal religious training.

Have You Had Any Formal Religious Training?	Number of Cases	Percent
Yes	440	60.4%
No	289	39.6%

A majority (59.5%) of the clients attended religious services within the Last Month.

How Long Since You Attended Religious Services?	Number of Cases	Percent
Over a Year Ago	158	22.6%
Within Last Year	125	17.9%
Within Last Month	415	59.5%

More than one-third (39.9%) of the clients typically attended religious services weekly.

How Often Do You Typically Attend Religious Services?	Number of Cases	Percent
Never	169	23.4%
Several Times a Year	159	22.0%
1-3 Times a Month	106	14.7%
Weekly	288	39.9%

### General Relationships

The clients had their best relationships with siblings, mothers, and fathers.

Person	Mostly Fight	Avoid One Another	Get Along	Close	Not Applicable
Mother	4.0%	5.2%	27.6%	57.1%	6.1%
Father	3.8%	10.0%	28.7%	32.2%	25.3%
Stepmother	4.1%	7.2%	15.0%	6.9%	66.8%
Stepfather	5.5%	7.7%	19.6%	11.8%	55.5%
Siblings	3.3%	4.0%	28.6%	58.8%	5.4%

### General Relationships Adjusted After Removing Not Applicable



The best reported relationships were with siblings, mothers, and fathers. The worst relationships were between clients and their stepfathers and/or stepmothers.

Person	Mostly Fight	Avoid One Another	Get Along	Close
Mother	4.3%	5.5%	29.4%	60.8%
Father	5.1%	13.3%	38.5%	43.1%
Stepmother	12.4%	21.8%	45.1%	20.7%
Stepfather	12.3%	17.2%	44.1%	26.4%
Siblings	3.4%	4.2%	30.2%	62.2%

## **TWELVE MONTH FOLLOW-UP**

### **Introduction**

A follow-up form was completed on juveniles who were in programs (i.e., boot camp, chemical dependency, etc.) sponsored by Juvenile Corrections of the South Dakota Department of Corrections. The forms were completed by the Juvenile Corrections Officers (JCA's) on persons who had completed the programs and were placed on aftercare. In general the forms were to be completed at the one-year anniversary. The actual average (median) follow-up time was more than one year (382 days) for this particular report (12 month follow-ups). The follow-up time was defined as: the time between the date released from the last program (e.g., boot camp) and the date of completion of the survey for successful persons or the date of revocation or other unsuccessful events. Some juveniles had completed programs and some had been revoked before a year was up and were subsequently placed in another program. These persons were also tracked from the completion of subsequent programs. It was a challenge to track these people and get the appropriate sequence of forms. Since people could have been in the follow-up process several times, the focal point (unit of analysis) was the release from programs, not individuals per se.

The results of the twelve month follow-up forms were based on 989 persons who had one-year follow-up forms completed for them by JCA's during the past 12 months, except as noted. Not all of the information was available on all persons. The results presented below are based on the information tabulated on 244 females and 745 males.

### **Demographic Information**

About one-fourth (24.7%) of the clients were females and a majority (75.3%) were males.

#### **GENDER**

<b>Gender</b>	<b>Number of Cases</b>	<b>Percent</b>
Males	745	75.3%
Females	244	24.7%
Total	989	

More than two-thirds (65.8%) of the program participants who were part of the study were Whites, about one-fourth (29.4%) were Native Americans, and the other (4.9%) clients were classified as 'Others.'

#### **RACE**

<b>Race</b>	<b>Number of Cases</b>	<b>Percent</b>
Nat Americans	290	29.4%
Whites	650	65.8%
Others	48	4.9%
Total	988	

About one-half (51.2%) of the program participants during this reporting period were 18 years old and older. Only 71 persons were between 11 and 15 years old and about two-fifths (41.6%) were between 16 and 17 years old. The average age of the program participants was about 17 years.

**AGE**

<b>Age</b>	<b>Number of Cases</b>	<b>Percent</b>
11-15 Years Old	71	7.2%
16-17 Years Old	411	41.6%
18 And Over	505	51.2%
Total	987	

**Current Aftercare Status (at the Time of the Survey or at the Time of Successful or Unsuccessful Completion)**

Of the 989 persons, about one-third (36.0%) were currently in aftercare, 28.1 percent had been discharged successfully, and 22.1% had been revoked.

<b>Status</b>	<b>Number of Cases</b>	<b>Percent</b>
Currently on Aftercare	356	36.0%
Discharged Successfully	278	28.1%
Discharged Unsuccessfully - Due to Adult Charges	74	7.5%
Aftercare Revoked	219	22.1%
Absconded	27	2.7%
Direct Discharge from Facility - No Aftercare	4	0.4%
On Interstate Compact Supervision	11	1.1%
Resides Out of State, No Interstate Compact	2	0.2%
Other	18	1.8%
TOTAL	989	

### **Violated Technical Provisions of Aftercare**

During this follow-up period, most (58.4%) of the juveniles violated at least one aspect of their aftercare provisions. The most common violations were curfew, drugs/alcohol, AWOL/absconded/runaway/failed to show, and problems at school.

	<b>Yes</b>	<b>No</b>
Technical Violation	574 (58.4%)	408 (41.6%)

### **Arrested for New Offenses/Charges**

Almost one-third (36.7%) of the persons in the follow-up study were arrested for new charges. The most common charges were drugs/alcohol, theft/burglaries, and assault.

	<b>Yes</b>	<b>No</b>
New Charges/Offenses	360 (36.7%)	622 (63.3%)

### **Reasons for Revocation of Aftercare**

Of those revoked, the category of Technical Violations and New Charges was the most common (44.3%) reason for revocation of aftercare.

<b>Reason</b>	<b>Number of Cases</b>	<b>Percent</b>
Technical Violations	113	41.4%
New Offenses	39	14.3%
Both Technical and New Charges	121	44.3%
Total	273	

#### **Living Arrangement (While on Aftercare)**

In delineating the client's living status during the follow-up period, it was found that Living with Mother (41.0%) was the most common situation, followed by Living with Both Parents (20.4%).

**CLIENT'S CURRENT LIVING STATUS**

<b>LIVING STATUS</b>	<b>NUMBER</b>	<b>PERCENT</b>
Both Parents	199	20.4%
Mother	400	41.0%
Father	72	7.4%
Spouse	2	0.2%
Other Family	89	9.1%
Living Independently	91	9.3%
Job Corp	25	2.6%
Other	86	8.8%
In placement	12	1.2%
Total	976	

## Health Problems

Mental or physical health problems were not major concerns for this group of youth, although about 8.2 percent were characterized as having mental health problems.

Problem	Number of Cases	Percent With Problem
Medical Health	20	2.1%
Mental Health	79	8.2%
Both Medical and Mental	5	0.5%

## Educational and Employment Status

The educational status is reported below for surveys received this assessment period. About one-third (30.5%) were attending public schools, and 29.1% had received their high school diploma.

EDUCATIONAL STATUS	NUMBER	PERCENT
Attending Public School	295	30.5%
Alternative School	96	9.9%
Attending GED Program	115	11.9%
Attending Vocational School	10	1.0%
Post Secondary School	6	0.6%
Dropped Out	83	8.6%
Suspended	5	0.5%
Enrollment Pending	20	2.1%
High School Diploma Received	281	29.1%
GED Completed	56	5.8%
Total	967	

About one-half (50.1%) of the clients were employed with either part- or full-time work. Of those for whom information was available (n = 292), the average wage was \$6.19/hour with a

range from \$2.75 to \$13.54 per hour. The most common jobs listed were: laborers, cooks, clerks, cashiers, and waiters.

<b>EMPLOYMENT STATUS</b>	<b>NUMBER</b>	<b>PERCENT</b>
Employed Full-Time	217	22.7%
Employed Part-Time	262	27.4%
Not Employed, But Should Be	211	22.1%
Not Employed, But Seeking Job	124	13.0%
Not Employed, Not Required To Be	142	14.9%
Total	956	

#### **Community-based Services Received By Those on Aftercare**

About three-fourths (76.3%) of the juveniles received some chemical dependency services while on aftercare.

#### **CHEMICAL DEPENDENCY AFTERCARE**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	232	23.7%
Attending	277	28.3%
Did Not Complete	252	25.8%
Completed	217	22.2%
Total	978	

A few (5.8%) were involved in a mentoring aftercare program.

#### **NATIONAL GUARD MENTOR PROGRAM**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	924	93.9%
Attending	23	2.3%

Did Not Complete	25	2.3%
Completed	12	1.2%
Total	984	

Less than one-seventh (12.5%) participated in outpatient mental health treatment programs.

#### **OUTPATIENT MENTAL HEALTH TREATMENT**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	854	87.1%
Attending	62	6.3%
Did Not Complete	46	4.7%
Completed	18	1.8%
Total	980	

Some clients (11.7%) were reported to be involved in home-based mental health services.

#### **HOME-BASED MENTAL HEALTH SERVICES**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	867	88.4%
Attending	46	4.7%



Did Not Complete	34	3.5%
Completed	34	3.5%
Total	981	

More than one-sixth (16.5%) of the persons either attended, completed, or dropped out of the family counseling programs.

#### **FAMILY COUNSELING**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	814	83.5%
Attending	78	8.0%
Did Not Complete	44	4.5%
Completed	39	4.0%
Total	975	

Slightly more than two-thirds (67.3%) of those on aftercare participated in AA/NA meetings.

#### **AA/NA MEETINGS**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	320	32.7%
Attending	394	40.2%
Did Not Complete	208	21.2%
Completed	58	5.9%
Total	980	

Some (3.4%) of those for whom information was available were part of the weekend reporting program.

#### **AFTERCARE/WEEKEND REPORTING PROGRAM**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	946	96.6%

Attending	23	2.4%
Did Not Complete	7	0.7%
Completed	3	0.3%
Total	979	

About one in seven (13.6%) of the clients were involved in intensive family services.

#### **FAP/INTENSIVE FAMILY SERVICES**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	846	86.3%
Attending	9	0.9%
Did Not Complete	17	1.7%
Completed	108	11.0%
Total	980	

About one-sixth (15.6%) of those attending at least some aftercare participated in community service work projects.

#### **COMMUNITY SERVICE WORK PROJECTS**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	826	84.5%
Attending	39	4.0%
Did Not Complete	37	3.8%
Completed	76	7.8%
Total	980	

Some (13.2%) of the juveniles participated in the electronic monitoring.

#### **ELECTRONIC MONITORING**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	849	86+.8%

Attending	17	1.7%
Did Not Complete	36	3.7%
Completed	76	7.8%
Total	978	

### Chemical Use

During the follow-up period, alcohol (58.9%) was the most frequently used drug, followed by marijuana (48.6%).

Drug	Did Not Use	Used Once	Used Occasionally	Used Frequently
Alcohol	41.2%	10.9%	29.8%	18.2%
Marijuana	51.4%	7.4%	24.2%	17.0%
Inhalants	92.9%	2.4%	3.2%	1.5%
Cocaine	93.7%	2.3%	2.5%	1.5%
Stimulants	92.2%	2.2%	3.6%	2.1%
Other	97.1%	0.7%	1.1%	1.2%

### Tested For Alcohol/Drugs

About four-fifths (87.7%) of those on aftercare were tested for alcohol/drugs.

Tested	Number	Percent
Yes	863	87.7%
No	121	12.3%
Total	984	

Of those for whom information was available, 332 (45.9%) tested positive for at least one substance. The most frequent drugs found during testing were marijuana/THC and alcohol.

Results of Tests	Number	Percent
Positive	332	45.9%
Negative	392	54.1%
Total	724	

There was a significant relationship between how well clients got along with persons in the household where they resided and the frequency of arrests, aftercare violations, and revocations. Persons who had 'Good' relationships were arrested only 23.3 percent of the time and violated aftercare at a rate of 42.0 percent; whereas, those judged to have 'Poor' relationships had much higher arrest (52.8%) and aftercare violation rates (83.9%). The revocation rates followed the same pattern.

#### **Relationship Where Juvenile Resides**

	Good	Fair	Poor
Percent Arrested	23.3%	43.4%	52.8%
Aftercare Violations	42.0%	64.3%	83.9%
Revoked	12.1%	35.1%	53.1%

There was also a significant relationship between how well persons related to family members not living with them and arrest rates, aftercare violations, and revocation rates. Nearly one-half (46.0%) of those with 'Poor' family relationships were arrested and 72.0% violated aftercare. In comparison, about one-fourth (26.1%) of those with 'Good' family relationships were arrested and 41.4% violated aftercare. Those with 'Good' family relationships had low (14.9%) revocation rates.

**Relationships With Family Not Living With Juvenile**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	26.1%	37.6%	46.0%
Aftercare Violations	41.4%	61.4%	72.0%
Revoked	14.9%	29.4%	42.3%

Progress in academic and employment pursuits was also related to the outcome measures of arrests, aftercare violations, and revocation rates. As with the other areas mentioned, those with 'Good' performance levels were much less likely to have negative outcomes than were those with 'Poor' performance measures. Less than one-fourth (24.9%) of those rated as 'Good' in the academic area were arrested, but about one-half (54.7%) of those rated poorly were arrested during the follow-up period and 83.0 percent violated aftercare. The revocation rates were much lower for those with 'Good' academic progress ratings.

**Progress/Achievement in Academic Area**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	24.9%	37.6%	54.7%
Aftercare Violations	39.8%	63.2%	83.0%
Revoked	15.4%	27.4%	51.9%

Those with 'Good' ratings in Employment had lower arrests, aftercare violations, and revocations. 'Good' progress equated to low failure rates, while 'Fair' and 'Poor' progress resulted in higher failure rates.

**Progress/Satisfaction in Employment**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	18.9%	37.0%	53.1%
Aftercare Violations	34.9%	56.7%	80.5%
Revoked	10.2%	20.4%	45.8%

Those with 'Poor' relationships with peers were much more likely to be arrested, violate aftercare, or have aftercare revoked (55.5%, 84.4%, and 57.6%, respectively). Juveniles with 'Good' peer relations were much less likely to be arrested, violate aftercare, and be revoked (19.6%, 39.8%, and 11.9%, respectively).

**Relationships with Peers**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	19.6%	38.7%	55.5%
Aftercare Violations	39.8%	58.8%	84.4%

Revoked	11.9%	25.1%	57.6%
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Consistent with all other findings in this section, there was a strong correlation between overall perceived functioning and the likelihood of being revoked, arrested or violating aftercare. All differences reported in this section are statistically significant ( $p > .001$ ). Those judged as functioning on the 'Good' overall level had low arrest, violation, and revocation rates. Juveniles perceived to be doing poorly had arrest, aftercare, and revocation rates of 62.9 percent, 88.0 percent, and 59.2 percent, respectively.

#### **Overall Level of Functioning**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	16.7%	34.3%	62.9%
Aftercare Violations	30.5%	60.8%	88.0%
Revoked	7.6%	22.0%	59.2%

Males had a significantly ( $p = .001$ ) higher arrest rate than females, but there were no significant differences found between gender and aftercare or revocation rates.

#### **Gender**

	<b>Female</b>	<b>Male</b>
Percent Arrested	29.6%	39.0%
Aftercare Violations	57.3%	58.8%
Revoked	26.8%	28.4%

For this reporting period there were no statistically significant differences between ethnicity and arrests, aftercare and revocation rates.

#### **Ethnicity**

	<b>Native American</b>	<b>Other</b>	<b>White</b>
Percent Arrested	51.2%	39.1%	30.0%
Aftercare Violations	67.8%	54.4%	54.8%
Revoked	33.6%	34.8%	25.2%

Persons ages 12 to 15 had higher revocation (41.4%) and arrest rates (43.7%) while youth 18 and over had the lowest revocation rates (16.5%) and aftercare violation rates (46.4%).

#### **Age**

	<b>12-15</b>	<b>16-17</b>	<b>18 and Over</b>
Percent Arrested	43.7%	38.9%	34.0%
Aftercare Violations	77.5%	69.9%	46.4%
Revoked	41.4%	31.8%	16.5%

#### **Employment and Success**

Those who were working had greater success (e.g., fewer arrests, fewer aftercare violations, and fewer revocations) than did those who were not working. All these differences were statistically significant ( $p < .001$ ).

	<b>Working Status While On Aftercare</b>			
	<b>Working Full Time</b>	<b>Working Part Time</b>	<b>Not Working Not Looking</b>	<b>Not Working But Looking</b>
Percent Arrested	23.6%	32.2%	51.0%	33.3%
Percent Violating Aftercare	37.2%	57.1%	74.3%	52.3%
Percent Revoked	8.9%	23.2%	44.5%	26.6%

All results were statistically significant.

#### **Living Arrangement and Success**

For this reporting period, living arrangements and outcome results for arrests and violating aftercare were not statistically significant, although those 'Living Independently' had the best revocation rates. Juveniles reported to be 'Living Independently' had some of the best outcomes (i.e., fewer arrests and less aftercare violations), although only the

differences for revocations were statistically significant. These differences were at least partially due to age and maturity of the clients living independently, since older persons tended to perform better than younger persons.

	<b>Living Situation While on Aftercare - Actual</b>				
	<b>Both Parents</b>	<b>Mother</b>	<b>Father</b>	<b>Other Family</b>	<b>Living Independent</b>
Percent Arrested	43.7%	34.8%	28.6%	36.0%	25.6%
Percent Violating Aftercare	61.9%	59.1%	61.1%	55.1%	42.2%
Percent Revoked	29.2%	30.2%	25.7%	27.3%	9.9%

Because of the differences in outcome performance by age, sex, and risk classifications, an adjustment was made in the rates with statistical procedures (analysis of covariance, GLM). The rates for those 'Living Independently' were adjusted upward to reflect the age and other factor differences in the groups. The overall results for adjusted values were similar to those found with actual rates. There were no consistent patterns of violations by living situation, after controlling for age, sex, and risk classification.

	<b>Living Situation While on Aftercare-Adjusted Rates</b>				
	<b>Both Parents</b>	<b>Mother</b>	<b>Father</b>	<b>Other Family</b>	<b>Living Independent</b>
Percent Arrested	43.2%	34.4%	29.2%	35.5%	28.9%
Percent Violating Aftercare	60.8%	57.3%	61.2%	54.0%	52.8%
Percent Revoked	28.1%	29.1%	26.0%	25.7%	17.8%



### Differences by Completer Status

For this reporting period, there were some minor differences in those completing the last program before aftercare by demographic characteristics. Those with 'High' or 'Medium' risk classification were less likely to complete programs than were those in the lower risk categories.

Factors		Completer		Statistically Significant
		Yes	No	
Race	Native American	96.2%	3.8%	No
	Other	97.8%	2.2%	
	White	98.4%	1.6%	
Gender	Females	95.9%	4.1%	No
	Males	93.4%	1.6%	
New Charges	Yes	98.5%	1.5%	No
	No	96.4%	3.6%	
Violated Aftercare	Yes	97.4%	2.6%	No
	No	98.3%	1.7%	
Revoked	Yes	98.1%	1.9%	No
	No	97.6%	2.4%	

### **Chemical Dependency Aftercare and Outcome Success**

Those who completed (or were attending) chemical dependency aftercare had much greater success (e.g., lower arrest rates, less aftercare violations, and fewer revocations) than did those who dropped out.

	<b>Chemical Dependency Aftercare</b>			
	<b>Did Not Receive</b>	<b>Attending</b>	<b>Did Not Complete</b>	<b>Completed</b>
Percent Arrested	NA	32.0%	58.8%	23.6%
Percent Violating Aftercare	NA	59.4%	81.6%	42.6%
Percent Revoked	NA	24.7%	52.0%	10.8%

All results were statistically significant.

### **Outpatient Mental Health Services and Outcome Success**

Those who received outpatient mental health services had much greater success (e.g., fewer arrests, less aftercare violations, and lower revocation rates) than did those who did not complete the services, although the results were not statistically significant.

	<b>Outpatient Mental Health Services</b>			
	<b>Did Not Receive</b>	<b>Attending</b>	<b>Did Not Complete</b>	<b>Completed</b>
Percent Arrested	NA	27.4%	64.4%	11.1%
Percent Violating Aftercare	NA	53.2%	91.1%	44.4%
Percent Revoked	NA	17.7%	60.9%	22.2%

All results were statistically significant.

### **Home-Based Mental Health Services and Outcome Success**

Considering the 12-month follow-up period, it was found that those who received home-based mental health services had greater success (e.g., fewer arrests) than did those who did not.

	<b>Home-Based Mental Health Services</b>			
	<b>Did Not Receive</b>	<b>Attending</b>	<b>Did Not Complete</b>	<b>Completed</b>
Percent Arrested	NA	23.9%	58.8%	35.3%
Percent Violating Aftercare	NA	58.7%	100.0%	64.7%
Percent Revoked	NA	32.6%	79.4%	24.2%

Only arrests were statistically significant.

### **Family Counseling Services and Outcome Success**

Those who received family counseling services, while on aftercare, were more successful (e.g., fewer arrests, less aftercare violations, and fewer revocations).

	<b>Family Counseling Services</b>			
	<b>Did Not Receive</b>	<b>Attending</b>	<b>Did Not Complete</b>	<b>Completed</b>
Percent Arrested	NA	26.9%	56.1%	23.1%
Percent Violating Aftercare	NA	61.0%	95.4%	55.3%
Percent Revoked	NA	28.6%	75.0%	18.0%

All results were statistically significant.

### **AA/NA Meetings and Outcome Success**

A key factor in successful aftercare outcomes was attendance at AA and/or NA meetings. Those who were attending meetings as scheduled or required had much greater success (e.g., lower arrest rates, less aftercare violations, and fewer revocations) than did those who dropped out of the meetings.

	<b>AA/NA Meetings</b>			
	<b>Did Not Receive</b>	<b>Attending</b>	<b>Did Not Complete</b>	<b>Completed</b>
Percent Arrested	NA	27.4%	60.7%	20.7%
Percent Violating Aftercare	NA	52.2%	85.5%	32.8%
Percent Revoked	NA	20.6%	56.6%	8.6%

All results were statistically significant.

### **Favorable Profile Clients Compared to Non-Favorable Profile Persons**

A favorable profile consisted of persons who were substance free, working, and had 'Good' overall performance ratings while on aftercare. A person with a non-favorable profile comprised those who: 1) were not working; 2) had used at least some alcohol or other drugs; and 3) were judged as having 'Bad' overall performance on aftercare. It can be seen from the chart below that those with a favorable profile had excellent outcomes (6.9% arrested, 19.2% violated aftercare, and 8.3% revocations) and those with non-favorable profiles performed very poorly with 64.6 percent being revoked.

<b>Group</b>	<b>New Arrests</b>	<b>Violations</b>	<b>Revoked</b>
Favorable Profile	6.9%	19.2%	8.3%
Non-Favorable Profile	66.7%	86.9%	64.6%
Overall Rates	36.7%	58.4%	28.0%